

Message Text

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SUBJECT: DHEW/PHS/CDC: OFFICIAL VISIT OF DR. HANS LOBEL-

MALARIA RESEARCH IN INDIA

SUMMARY: DR. HANS O. LOBEL, CDC, VISITED INDIA APRIL 9-18, 1978 AND HAD WHAT WE CONSIDER QUITE PRODUCTIVE DISCUSSIONS WITH THE MAJOR INSTITUTIONS DEALING WITH MALARIA RESEARCH. THE GOI IS INTERESTED IN WORKING WITH HIM ON A COLLABORATIVE "NO COST" RESEARCH AGREEMENT ON SEROEPIDEMIOLOGY, POSSIBLY SUPPLEMENTED BY A MODEST AMOUNT OF DOLLAR FUNDING FOR TRAINING AND SOME EQUIPMENT. DR. LOBEL AND HIS INDIAN COUNTERPARTS MADE CONSIDERABLE PROGRESS TOWARD DRAFTING A PROJECT PROTOCOL, AND HE AND ICMR REACHED A TENTATIVE AGREEMENT ON HOW BEST TO PROCEED TOWARD APPROVING AND IMPLEMENTING A PROJECT. END SUMMARY.

1. DR. LOBEL HAD EXTENSIVE MEETINGS IN NEW DELHI AT THE NATIONAL INSTITUTE OF COMMUNICABLE DISEASE (NICD), THE NATIONAL MALARIA ERADICATION PROGRAM (NMEP), WHO AND INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR). HE ALSO VISITED ST. JOHN'S MEDICAL COLLEGE IN BANGALORE AND THE POST-GRADUATE INSTITUTE OF MEDICAL COLLEGE IN BANGALORE AND THE POST-GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH, BOTH OF WHICH HAVE BEGUN

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SOME WORK ON SEROLOGY LABORATORIES.

2. AS WE EXPECTED, OFFICIALS IN ALL THESE INSTITUTIONS EXPRESSED CONCERN ABOUT THE CONTINUING HIGH INCIDENCES OF MALARIA. NMEP IS GRATIFIED BY THE APPARENT SLIGHT DROP IN COUNTRY-WIDE MALARIA INCIDENCE BUT CLEARLY RECOGNIZES THAT MALARIA IS STILL A MAJOR PROBLEM AND THAT EXPLOSIVE INCREASES IN MALARIA ARE

CONTINUING IN CERTAIN AREAS OF THE COUNTRY, NOTABLY DELHI. DR. PATTANAYAK, DIRECTOR, NMEP, HAD BEEN UNENTHUSIASTIC ABOUT SEROLOGY WHEN DR. LOBEL VISITED INDIA A YEAR AGO. HE HAS CHANGED HIS ATTITUDE ALMOST COMPLETELY, AND NOW ARGUES THAT BECAUSE OF THE GOVERNMENT'S MASSIVE DRUG DISTRIBUTION CAMPAIGN HE NOW FEELS THAT HE BADLY NEEDS TO USE SEROEPIDEMIOLOGICAL TECHNIQUES TO GET AN ADEQUATE GRIP ON THE DIMENSIONS OF THE MALARIA PROGRAM AND THE EFFECTIVENESS OF HIS PROGRAM. CONSEQUENTLY, NMEP AND THE OTHER INSTITUTIONS CONCERNED WITH MALARIA RESEARCH NOW ARE PREPARED TO WORK OUT AN ARRANGEMENT FOR BRINGING THESE TECHNIQUES TO INDIA.

3. INDIAN AUTHORITIES ARE ALSO WORKING ON THIS WITH WHO. THREE INDIAN SCIENTISTS ARE GOING TO BANGKOK SHORTLY FOR A WHO SEMINAR ON IN VITRO CULTIVATION. THE GOI HAS ALSO ASKED WHO TO SET UP WORKSHOPS IN INDIA ON SEROLOGY. NMEP ESPECIALLY IS ANXIOUS TO MAKE SURE THAT WHO IS FULLY INFORMED ABOUT ANY SEROLOGY-RELATED ACTIVITIES THE ORGANIZATION UNDERTAKES. BUT SCIATT HAD THE IMPRESSION AFTER ALL OUR MEETINGS THAT THE GOI OFFICIALS CONCERNED WITH MALARIA RESEARCH WOULD PREFER TO WORK WITH CDC TO DEVELOP SEROEPIDEMIOLOGY IN INDIA, RATHER THAN RELYING ENTIRELY ON WHO OR ON THE OTHER CENTERS OF EXPERTISE (E.G. U.K. OR HOLLAND).

4. DISCUSSIONS AT ICMR REVEALED THAT A SPECIAL FOREIGN CURRENCY (RUPEE) GRANT WILL NOT REPEAT WILL NOT BE A FEASIBLE MEANS OF UNCLASSIFIED

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DOING THIS. SUBSTANTIAL GOI FUNDS HAVE BEEN ALLOCATED TO ICMR FOR MALARIA RESEARCH IN THE LAST FISCAL YEAR. ICMR HAS SPENT VIRTUALLY NONE OF THEM, AND DR. GOPALAN THEREFORE FEELS THAT HE CANNOT ASK FOR US-RUPEE FUNDING AFTER FAILING TO SPEND HIS OWN RUPEE FUNDS. THIS ALSO CONFORMS WITH THE DIRECTIONS OF THE INDO-U.S. SUBCOMMISSION ON S AND T HELD IN WASHINGTON, D.C ON JUNE 16-17 WHERE IT WAS AGREED THAT THE FINANCING OF INDIAN PROJECTS IN THE FIELD OF MALARIA AND FILARIASIS WOULD BE WITH INDIAN OWN FUNDS. HOWEVER, U.S. AND INDIAN SCIENTISTS WILL DEVELOP PROTOCOLS FOR RESEARCH AND COLLABORATIVE ACTIVITIES IN BOTH AREAS. CONSEQUENTLY, SCIATT FEELS, AND ICMR SEEMS TO AGREE, THAT THE BEST TYPE OF AGREEMENT TO PURSUE IS A "NO COST" AGREEMENT OF THE SORT WE HAVE PROPOSED FOR THE RESEARCH PROJECT ON FILARIASIS (DR. ERIC OTTESEN). UNDER THIS, EACH SIDE WOULD FUND ITS OWN COSTS, AND THE US SIDE COULD AS APPROPRIATE USE US-OWNED RUPEES TO PAY SUCH EXPENSES AS CONSULTANT TRAVEL.

5. THE TYPE OF COLLABORATION THE INDIANS HAVE IN MIND WOULD INVOLVE SOME MINOR DOLLAR COSTS. THEY WOULD LIKE TO TRAIN A FEW SCIENTISTS IN THE US. DR. LOBEL AND ICMR WERE TALKING ABOUT PERHAPS 3 TO 6 PEOPLE STAYING ABOUT 3 WEEKS EACH. THEY MIGHT

ALSO REQUIRE SOME PIECES OF EQUIPMENT NOT AVAILABLE WITHIN INDIA. WE DO NOT HAVE A PRECISE ESTIMATE BUT BELIEVE THAT THE TOTAL WOULD BE IN THE NEIGHBORHOOD OF DOLS10,000 OR LESS. IF CDC IS UNABLE TO PROVIDE DOLLAR FUNDING FOR THESE COSTS, THERE ARE OTHER POSSIBILITIES WHICH COULD BE EXPLORED SUCH AS THE AID GRANT NOW UNDER CONSIDERATION TO SUPPORT DEVELOPMENT RELATED RESEARCH ACTIVITIES. OR ALTERNATIVELY, THE CDC EXPERTS COULD BE DETAILED TO INDIA FOR A SECOND SESSION FOR TRAINING OF INDIAN SCIENTISTS - THOUGH IT IS CLEAR THAT THIS IS A LESS DESIRABLE OPTION.

6. DR. LOBEL AND HIS INDIAN HOSTS INFORMALLY AGREED THAT THE PROJECT SHOULD BE BASED IN NICD, WITH DR RAI CHAUDHURY AS PRINCIPAL INVESTIGATOR. IT SHOULD BE CARRIED OUT IN CLOSE UNCLASSIFIED

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COOPERATION WITH NMEP WHICH WOULD HAVE TO BE RESPONSIBLE FOR CARRYING OUT THE FIELD WORK.

7. DR. RAI CHAUDHURY AND DR. LOBEL MADE FURTHER PROGRESS IN DRAFTING A PROJECT PROTOCOL WHICH COMBINES THE CONSULTANCY AND LABORATORY DEVELOPMENT FEATURES THE INDIANS ARE SEEKING AND THE EPIDEMIOLOGICAL STUDIES CDC IS INTERESTED IN. FURTHER CORRESPONDENCE WILL BE NECESSARY BEFORE THE PROJECT IS READY FOR FORMAL SUBMISSION TO THE GOI. IF IT DOES GO FORWARD AS A "NO COST" PROJECT THIS WOULD SOMEWHAT SIMPLIFY THE GOI APPROVAL PROCESS. DR. RAO OF ICMR WAS TALKING ABOUT TRYING TO OBTAIN APPROVAL OF BOTH GOVERNMENTS WITHIN 6 MONTHS. BASED ON PAST EXPERIENCE, THIS SOUNDS OPTIMISTIC TO US, BUT WE ARE GENERALLY ENCOURAGED AT WHAT WAS ACCOMPLISHED DURING DR. LOBEL'S VIST. GOHEEN

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